



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Alan Rapacki et al.
Serial No. : 10/627,517
Filed : July 25, 2003

Art Unit : 3743
Examiner : Nihir B. Patel
Confirmation No.: 2924
Notice of Allowance Date: July 26, 2005

Title : BRONCHIAL FLOW CONTROL DEVICES AND METHODS OF USE

MAIL STOP ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed July 26, 2005, enclosed are a completed issue fee transmittal form PTOL-85b and a check for \$1015 for the required issue fee and publication fee, including patent copies.

Please apply any additional charges or credits to our Deposit Account No. 06-1050.

Respectfully submitted,

Date: October 25, 2005


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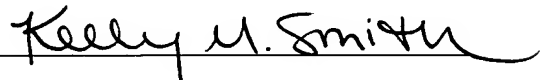
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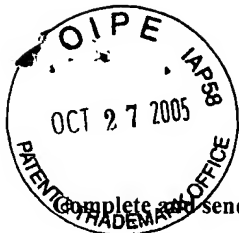
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October 25, 2005
Date of Deposit

Signature



Kelly M. Smith
Typed or Printed Name of Person Signing Certificate



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
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20985 7590 07/26/2005

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Kelly M. Smith

(Depositor's name)

Kelly M. Smith (Signature)

10/25/2005

(Date)

10/28/2005 DEMMANU2 00000059 10627517

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP
03 FC:8001 15.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/627,517	07/25/2003	Alan Rapacki	38349-0120- 17075- 016001/0120	2924

TITLE OF INVENTION: **BRONCHIAL FLOW CONTROL DEVICES AND METHODS OF USE**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	10/26/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATEL, NIHIR B.	3743	128-207150

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Fred C. Hernandez**

2. **Stephanie Seidman**

3. **Fish & Richardson P.C**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Emphasys Medical, Inc.

Redwood City, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.2.7.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date) **October 25, 2005**

Typed or Printed Name **Fred C. Hernandez**

Registration No. 41,832

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